

SECTION 2

Targeted Case Management Program Descriptions

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TARGETED CASE MANAGEMENT SERVICES

Case management services ensure that the changing needs of the Medi-Cal-eligible person are addressed on an ongoing basis and that appropriate choices are provided from the widest array of options for meeting those needs. TCM includes the following service components:

**Documented
Assessment**

The documented assessment identifies the beneficiary's needs. The assessment supports the selection of activities and assistance necessary to meet the beneficiary's assessed needs and must include the following, as relevant to each individual:

- Medical/mental condition. The assessment may require obtaining evaluations completed by other providers of service.
- Training needs for community living.
- Vocational/educational needs.
- Physical needs, such as food and clothing.
- Social/emotional status.
- Housing/physical environment.
- Familial/social support system.

**Development of a
Written,
Comprehensive,
Individualized
Service Plan**

The case manager shall develop a written, comprehensive, individualized service plan based upon the documented assessment specified above. The plan shall be developed in consultation with the beneficiary, to the extent of the beneficiary's capacity, and/or developed in consultation with the beneficiary's family or other social support system. The plan shall be reviewed and approved in writing by the case manager's supervisor. By signing the service plan for specific clients, the supervisor certifies that the statements on the service plan, and the services provided to that Medi-Cal client, are true and correct and appropriate for federal reimbursement. The plan must document the following:

- The actions required to meet identified service needs
- The community programs, persons, and/or agencies to which the beneficiary will be referred
- A description of the nature, frequency, and duration of the activities and specific strategies to achieve service outcomes

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

Linkage and Consultation

TCM services provide beneficiaries with linkage and consultation and with referral to service providers and placement activities. The case manager shall follow up with the beneficiary and/or service provider to determine whether services were received and whether the services met the beneficiary's needs. The follow-up shall occur as quickly as indicated by the assessed need, not to exceed thirty (30) days from the scheduled date of the referral service.

Assistance with Accessing the Services

TCM services help the beneficiary access the services identified in the individualized service plan, including the following:

- Arranging appointments and/or transportation to medical, social, educational, and other services
- Arranging translation services to facilitate communication between the beneficiary and the case manager, or the beneficiary and other agencies or service provider(s)

Crisis Assistance Planning

Crisis assistance planning evaluates, coordinates, and arranges immediate service or treatment needed in those situations that appear to be emergent in nature or that require immediate attention or resolution in order to avoid, eliminate, or reduce a crisis situation.

For outpatient clinics, crisis assistance planning is restricted to nonmedical situations.

Periodic Review

The case manager must periodically reevaluate the beneficiary's progress toward achieving the objectives identified in the service plan to determine whether current services should be continued, modified, or discontinued. The review shall be:

- Completed at least every six months
- Conducted by the case manager in consultation with the beneficiary, to the extent of the beneficiary's capacity, and/or in consultation with the beneficiary's family or other social support system
- Approved by the case manager's supervisor. Any modifications to the service plan shall be made in writing and become an addendum to the initial plan of service.

TARGETED CASE MANAGEMENT TARGET GROUP DESCRIPTIONS

Pursuant to W&I 14115, persons who are eligible to receive targeted case management services shall consist of the following Medi-Cal beneficiary groups;

Public Health

Medi-Cal-eligible high-risk persons identified as having a need for public health case management services, including the following individuals:

- Women, infants, children, and young adults to age 21
- Persons with HIV/AIDS
- Persons with reportable communicable diseases
- Pregnant women
- Persons who are technology dependent
- Persons who are medically fragile
- Persons with multiple diagnoses

High-risk persons are those who:

- Have failed to take advantage of necessary health care services
- Do not comply with their medical regimen
- Need coordination of multiple medical, social, and other services because they have an unstable medical condition
- Abuse controlled substances
- Are victims of abuse, neglect, or violence

Outpatient Clinics

Medi-Cal-eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately use services, including individuals who:

- Have demonstrated noncompliance with their medical regimen
- Are unable to understand medical directions because of language or other comprehension barriers
- Have no community support system to assist in follow-up care at home
- Require services from multiple health care/social service providers in order to maximize health outcomes

Public Guardian/Conservator

Medi-Cal-eligible individuals, 18 years or older, who have exhibited an inability to handle personal, medical, or other affairs; or who are under conservatorships of person and/or estate, or a representative payee.

Aging and Adult Services/Linkages

Medi-Cal-eligible persons who are 18 years and older, in frail health, and in need of assistance to access services in order to keep them from becoming institutionalized.

Adult Probation

Medi-Cal-eligible persons who are 18 years of age and older on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social, and other services.

Community

Medi-Cal-eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes, including the individuals who:

- Abuse alcohol or drugs, or both
- Are at risk of physical, sexual, or emotional abuse
- Are at risk of neglect

TARGETED CASE MANAGEMENT PROVIDERS

The TCM provider is the Local Governmental Agency (LGA). With the exception of Public Health and Linkages as a provider, the LGA must be available to the target population twenty-four (24) hours a day. The provider must assure that the client is provided rapid access to an appropriate case manager.

To provide TCM services, the provider must:

- Meet the TCM Provider qualifications
- Have a signed Provider Agreement with DHS
- Be an authorized provider of TCM services as listed in the California State Plan Amendment.

TCM provider agencies must meet the following minimum qualifications appropriate to that agency:

Public Health

- A public health agency employing staff with case manager qualifications; and
- Ability to evaluate the effectiveness, accessibility, and quality of targeted case management services on a communitywide basis; and
- Established referral systems and demonstrated linkages and referral ability with essential social, health, and service agencies; and
- Minimum of five years of experience in assisting high-risk, low income persons to obtain medical, social, educational, and/or other services; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal requirements governing the participation of providers in the state Medicaid program, including but not limited to the ability to meet state and federal requirements for documentation, billing, and audits.

Outpatient Clinic

- A public health agency employing staff with case manager qualifications; and
- Ensure 24-hour availability of case management services and continuity of those services; and
- Years of experience in serving the target population; and
- Capacity to communicate with persons who have little or no proficiency in the English language; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal requirements governing the participation of providers in the state Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing, and audits.

**Public Guardian/
Conservator**

- An agency employing staff with case manager qualifications; and
- Established referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
- Minimum of five years of experience in providing case management services to the targeted population; and
- Ensure 24-hour availability of case management services and continuity to those services; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

- Financial management capacity and systems that provide documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal laws governing the participation of providers in the State Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing and audits.

Aging and Adult Services/Linkages

- Demonstrated programmatic and administrative experience in providing long-term care services and the ability to increase their capability to provide their services to adults of all ages; and
- Demonstrate they have an advisory group which includes representatives of the target group; and
- Established referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
- Five years of experience providing case management services to the targeted population; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal requirements governing the participation of providers in the state Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing, and audits.

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

An LGA can claim TCM services under the auspices of the Linkages program for an Acquired Immune deficiency Syndrome (AIDS) case management program that is organizationally under the Linkages umbrella. With the exception that the program is not a case management agency under the AIDS waiver program administered by the California Office of AIDS.

Adult Probation

- Minimum of five years of experience providing case management services to the targeted population; and
- Established referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
- Ensure 24-hour availability of case management services and continuity to those services; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing and audits; and
- Administrative capacity to ensure quality of services in accordance with state and federal requirements; and
- Financial management capacity.

For a provider to claim TCM services for Adult Probation, the courts must have placed the client on formal probation.

Community

- A health care agency affiliated with a Local Governmental Agency, employing staff with case manager qualifications; and

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

- Ability to evaluate the effectiveness, accessibility, and quality of targeted case management services on a communitywide basis; and
- Established referral systems and demonstrated linkages and referral ability with essential social and health service agencies; and
- A minimum of five years of experience in assisting high-risk, low-income persons to obtain medical services; and
- Administrative capacity to ensure quality of services in accordance with State and federal requirements; and
- Financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
- Capacity to document and maintain individual case records in accordance with state and federal requirements; and
- Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including but not limited to, the ability to meet federal and state requirements for documentation, billing, and audits.

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

TCM CASE MANAGER QUALIFICATIONS

The LGA must implement a case manager coordination system to prevent countywide duplication of service. Methods for delivering TCM services vary from program to program; therefore, it is the responsibility of the LGA to design and implement a system of coordination to prevent duplication of services. Each LGA will be required to certify each year, in a manner prescribed by DHS, that such a plan of coordination is in place.

In multiple case management situations, the primary case manager must be determined by the LGA.

Case managers can refer clients to services provided by their own program, e.g., a hospital, an outpatient clinic. If various providers under separate programs see the client, as a result of the client's immediate needs, for different purposes within one day, each provider can claim TCM. When the case manager makes multiple referrals during a single visit, the referrals cannot be billed as separate encounters.

A case manager employed by the following case management agencies must meet the following minimum requirements for education, training, and experience appropriate to that agency:

Public Health

- A certified Public Health Nurse or a Registered Nurse, or a Licensed Vocational Nurse under the direct supervision of a skilled professional medical person, or an individual, specified below, who is under the direct supervision of a skilled professional medical person
- Education or relevant case management experience consisting of a Bachelor's degree in a health or human services field, and completions of agency-approved case management training; or
- An Associate of Arts degree from an accredited college with two years experience performing case management duties in a health and human services field; or
- Four years experience performing case management duties in a health or human services field.
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

Outpatient Clinics

- A Registered Nurse; or an individual who is under the direct supervision of a skilled professional medical person
- An individual with at least a Bachelor of Arts degree from an accredited college or university who has completed an agency-approved case management training course; or
- An individual with at least an Associate of Arts degree from an accredited college who has completed an agency-approved case management training course and has two years of experience performing case management duties in a health or human services field; or
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

**Public Guardian/
Conservator**

- An individual with at least a Bachelor of Arts degree from an accredited college or university who has completed an agency-approved case management training course; or
- An individual with at least an Associate of Arts degree from an accredited college who has completed an agency-approved case management training course and has two years of experience performing case management duties in a health or human services field; or
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

**Aging and Adult Services/
Linkages**

- A registered nurse; or
- An individual with at least a Bachelor of Arts degree from an accredited college or university who has completed an agency-approved case management training course.

TARGETED CASE MANAGEMENT PROGRAM DESCRIPTIONS

- An individual with at least an Associate of Arts degree from an accredited college who has completed an agency-approved case management training course and has two years of experience performing case management duties in a health or human services field; or
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

Adult Probation

- An individual with at least a Bachelor of Arts degree from an accredited college or university who has completed an agency-approved case management training course that includes the medical aspects of case management; or
- An individual with at least an Associate of Arts degree from an accredited college who has completed an agency-approved case management training course and has two years of experience performing case management duties in a health or human services field; or
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.

Community

- An individual with at least a Bachelor of Arts degree from an accredited college or university who has completed agency-approved case management training; or
- An individual with at least an Associate of Arts degree from an accredited college or university who has completed an agency-approved case management training course and has two years of experience performing case management duties in a health or human services field; or
- An individual who has completed an agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.